# 靶向 Glypican-3 的肝癌免疫治疗研究进展-

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摘要 磷脂酰肌醇蛋白聚糖 3 (Glypican-3)蛋白高特异性表达于肝细胞肝癌患者中,研究表明 其与肝癌的发展和转移关系密切。目前以 Glypican-3 蛋白为靶点治疗肝癌的免疫研究主要包括治疗性抗体开发、CAR-T 免疫疗法、免疫毒素及多肽疫苗等。现对 Glypican-3 的结构功能与肝癌的关系进行介绍,并简要描述靶向 Glypican-3 治疗肝癌的研究现状。

关键词 Glypican-3 肝癌 免疫治疗 抗体 CAR-T

癌症是威胁人类生命健康的重大疾病,据全球癌症数据调查显示,中国肝癌的病例数占全球的 50%[1],肝细胞肝癌(Hepatocellular carcinoma,HCC)占原发性肝癌的 70-90%[2]。近年来,随着免疫治疗研究热,也有许多研究分子靶向药物以及治疗性抗体靶向治疗 HCC,而素拉菲尼是目前上市的唯一治疗肝癌晚期的靶向药物[3,4],因而,研究与开发肝癌特异性靶点药物具有重要意义。磷脂酰肌醇蛋白聚糖 3(Glypican-3)是近年发现的 HCC 细胞表面特异性膜蛋白,本文综述其结构功能及免疫治疗肝癌的研究进展。

### 1 Glypican-3 的结构和功能

Glypican-3,即磷脂酰肌醇蛋白聚糖 3,是一种硫酸乙酰肝素蛋白类聚糖,通过细胞顶膜上的糖基磷脂酰肌醇(Glycosyl-phosphatidylinositol, GPI)锚定连接于细胞表面<sup>[5]</sup>。人 Glypican-3 蛋白基因位于人染色体 Xq26 上,编码 580 个氨基酸残基蛋白前体<sup>[6]</sup>。Glypican-3 核心蛋白约 70kDa,在 358 位精氨酸(Arg)和 359 位丝氨酸(Ser)之间,可被弗林蛋白酶裂解成一个 40kDa 的氨基末端蛋白和一个与膜结合的 30kDa 羧基端蛋白<sup>[7]</sup>。核心蛋白羧基端蛋白的 495 位 Ser 和 509 位 Ser 分别连有一条硫酸乙酰肝素糖链(Heparan sulfate, HS),参与生理功能的调节,而 Glypican-3 蛋白 560 位的 Ser 被预测是与 GPI 结合的位置<sup>[8]</sup>。目前

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Glypican-3 蛋白还未能解析出晶体结构,基本结构见图 1。

1988 年 GPC3 基因在大鼠肠上皮细胞系中被 Filmus 等首次检测到<sup>[9]</sup>。人 Glypican-3 蛋白在胎盘和胎儿发育期间表达于除神经系统外的大多数组织,如肝、肾、肺等,在成人器官中显著减少<sup>[10,11]</sup>。Giuseppe 等发现突变 Glypican-3 氨基酸 会导致胎儿过度生长综合症(Simpson-Golabi-Behmel syndrome, SGBS)<sup>[12]</sup>,可能与 GPC3 的 HS 链和成纤维生长因子 2(FGF2)相互作用有关<sup>[13]</sup>。此后 Mark 等人也证明该蛋白基因丢失与 SGBS 发生相关<sup>[14]</sup>,Mariana 等研究认为 Glypican-3 作为负调节蛋白参与 Hh 信号通路也与 SGBS 的产生相关联<sup>[15]</sup>。

Glypican-3 蛋白在不同发育时期表达不同,不同组织中表达量也有差异,尤其是在正常组织和癌组织中[11,16],而不同癌组织中表达也差异显著,在胃癌、乳腺癌、卵巢癌和恶性间皮瘤中低表达或不表达[17-20],在 HCC 中过度表达,与 HCC 发展和转移中密切相关[21,22]。目前许多研究认为 Glypican-3 蛋白是一种癌蛋白,在肝癌免疫治疗中具有很大潜力。

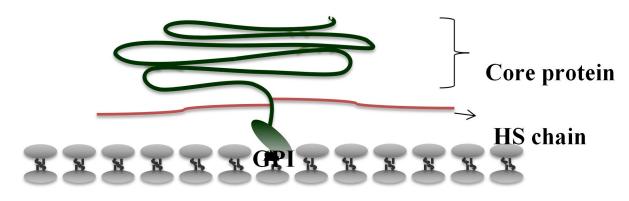


图 1 Glypican-3 结构简图

Fig.1 Schematic structure of Glypican-3

# 2 Glypican-3 与肝细胞肝癌

Hus 等<sup>[23]</sup>对 191 例肝癌患者(74.8% HCC)mRNA 样本进行分析,首次发现Glypican-3 在成人肝癌患者中过表达;通过 Northern 印迹分析结果显示在正常成人健康肝脏、局灶性结节性增肝和肝硬化中 GPC3 mRNA 低表达或不存在,而在HCC 患者中异常高表达<sup>[24]</sup>;对 HCC 患者组织进行免疫组化分析和可溶性Glypican-3蛋白 N端免疫酶联分析结也表明该蛋白是肝癌重要的细胞及血清标记物<sup>[18,22,25,26]</sup>。

目前对于 Glypican-3 蛋白过表达诱导 HCC 的机制复杂,没有完全清楚,但有几项研究结果也部分揭示了其可能致癌作用见图 2。体内外实验研究[<sup>27-29]</sup>指出 Glypican-3 蛋白与 Wnt 蛋白结合,促进 Wnt 与卷曲蛋白受体(Frizzled)的结合形成复合物,稳定了下游β-连环蛋白(β-catenin)在胞质内聚集,增强信号强度,进一步上调细胞核内相关转录因子(LEF/TLF),促进 C-myc 或其他癌基因表达,使其与 GPC3 启动子结合[<sup>30]</sup>; 而同时研究还发现当 Glypican-3 的表达水平提高又能促进 C-myc 的表达,两者形成一个正反馈信号回路[<sup>31]</sup>,最终致使 HCC 的发生与发展。Wu 等[<sup>32]</sup>研究提出,在 HCC 患者中 Glypican-3 蛋白与肿瘤上皮间质转化(Epithelial-mesenchymal transition, EMT)的发生紧密相关:细胞迁移侵袭试验中内源性高水平表达 GPC3 的肝癌细胞 HepG2 相比 Hep3B 和 Huh7 具有更强转移、侵袭能力和 EMT 样变化。

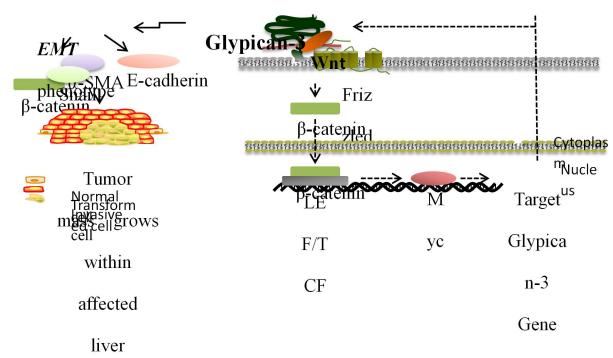


图 2 Glypican-3 促进 HCC 发展作用机制

Fig.2 Positive effect of Glypican-3 on HCC

## 3 靶向 Glypican-3 的免疫治疗

#### 3.1 Glypican-3 的治疗性抗体研究

Takahiro 等[33-35]首次报道了抗人 Glypican-3 单克隆抗体 GC33 (IgG2a, κ)能够 诱导抗体依赖的细胞介导的细胞毒性作用(Antibody-dependent cell-mediated

cytotoxicity, ADCC),可作为肝癌患者的潜力药物。此人源化抗体 GC33 是通过人 Glypican-3 蛋白 COOH 端的 40 个氨基酸免疫 MRL/lpr 小鼠筛选并人源化改造得到的单抗,能够明显抑制 HepG2 和 Huh7 肝癌裸鼠肿瘤的生长;将 GC33 的297 位天冬酰胺突变后发现抗体的 ADCC 减弱,其抗肿瘤活性降低,同时也证明该单克隆抗体的抗肿瘤活性主要是介导了 ADCC 作用,产生了大量自然杀伤细胞。2016 年 GC33 抗体完成临床二期试验,但在治疗晚期或转移性 HCC 患者疗效果不理想[36]。

Phung 等利用高通量流式分选的方法筛选出对 HCC 裸鼠移植瘤具有显著抑制的单抗 YP7<sup>[37]</sup>。YP7 是用人 Glypican-3 肽段(511-560)免疫得到的鼠单克隆抗体,与 HCC 细胞表面的 Glypican-3 具有高亲和力,测得其平衡解离常数 Kp约 0.3nmol/L,而与正常组织和其他原发性肝癌无作用。HN3 是 Feng 等利用噬菌体抗体库筛选得到的人源重链单域抗体,只含可变区 VH 与 Fc 部分<sup>[38]</sup>。HN3能够特异性与 Glypican-3 核心蛋白结合,体外抑制肝癌细胞生长,可能是通过作用 Yes 相关蛋白的信号通路阻滞细胞周期 G1 期,其给药剂量达到皮摩尔级;HN3也能对体内裸鼠瘤产生生长抑制效果。由于 HN3 分子量相对较小、亲和力高,研究报道将其作为药物载体靶向治疗 HCC 且比 YP7 更有优势<sup>[39]</sup>:将 HN3 与 YP7抗体与光敏酞菁染料(IR700)偶联后给药 GPC3 阳性肿瘤小鼠,荧光观察发现HN3- IR700 组比 YP7-IR700 组更快渗透到肿瘤组织。

HS20 是特异性与 Glypican-3 蛋白 HS 糖链结合的单抗,通过下调 Wnt 信号通路产生抗肿瘤活性,研究还发现 HS20 也可能同时作用于 Wnt3a 及肝细胞生长因子 (HGF),从而抑制 HCC 细胞 Hep3B 和 Huh-7 的迁移、运动和增殖<sup>[40]</sup>。

#### 3.2 Glypican-3 的 CAR-T 免疫疗法

嵌和抗原受体 T 细胞疗法(Chimeric Antigen Receptor T-Cell Immunotherapy, CAR-T)已被证实是一种有效的肿瘤免疫治疗策略<sup>[41]</sup>,Gao 等<sup>[42]</sup>首次构建了靶向 GPC3 的 CAR-T 细胞,即基于 GC33 单抗的 scFv 融合 CD28、CD137 和 CD3ζ的 第三代 CAR-T,能诱导产生细胞因子 IL-2 和 IFNγ,在体外试验表现出有效地裂解 GPC3 阳性肝癌细胞,体内能抑制裸鼠 Glypican-3 阳性的异位和原位移植瘤生长。

Jiang 等[43]利用人源性组织异位移植模型(Patient-derived tumor xenograft,

PDX)构建了三个不同 Glypican-3 阳性的 HCC 病人 PDX 肿瘤模型小鼠,使得保持了与原肿瘤的分化程度、形态特征及免疫学标志等,进而用第三代 CAR-T 技术构建抗 Glypican-3 CAR-T 细胞能够有效作用于 HCC 细胞和 PDX 肿瘤。

"双抗原"CAR-T系统近年开发的一种更精准识别肿瘤 T细胞改造技术<sup>[44]</sup>,Glypican-3 和去唾液酸糖蛋白受体 1 两种蛋白均过表达于 HCC 细胞表面,Chen等<sup>[45]</sup>构建了靶向这两种蛋白的 CAR-T细胞,抗肿瘤实验结果表明该种 T细胞能够高效刺激细胞因子(如 IL-2、IFN-γ、TNF-α和 IL-4)分泌诱导肝肿瘤细胞的凋亡。

#### 3.3 Glypican-3 的免疫毒素研究

免疫毒素是以植物毒素或细菌毒素为毒性分子,偶联抗体或细胞因子靶向杀伤肿瘤细胞。Gao 等<sup>[46]</sup>实验室利用的 Glypican-3 抗体 YP7 与 HN3 分别融合绿脓杆菌毒素 A (PE38) 在体内外均具有抗肿瘤活性,并且发现 HN3-PE38 效果更佳。实验表明 HN3-PE38 能作用于 Wn/β-catenin 信号通路,同时也能通过 Wnt3a 蛋白间接抑制 Yap 信号通路,进而抑制癌细胞生长。由于在小鼠体内,HN3-PE38 的抗肿瘤最低有效浓度为 0.8mg/kg,而这这一浓度已经对小鼠产生一定毒副作用,因而该实验室又进一步将 PE38 结构域 II 和III进行突变,去除 B 细胞抗原表位,降低其免疫原性,再与 HN3 抗体构建了重组免疫毒素 HN3-mPE24 和 HN3-HN3-mPE24<sup>[47]</sup>,仍保持具原抗肿瘤活性,裸鼠体内实验结果也显示能够耐受更高剂量免疫毒素,可作为治疗 HCC 的潜力药物。

#### 3.4 Glypican-3 相关多肽疫苗研究

多肽疫苗是新一代疫苗研究的热点,在肿瘤免疫治疗中,可用已知肿瘤相关抗原或其衍生肽利用化学合成技术来制备疫苗。现已研究证明两个与人类主要组织相容性复合体(Human leukocyte antigen,HLA)I 类结合的 GPC3 限制性表位肽: GPC3<sub>298-306</sub>和 GPC3<sub>144-152</sub>,以及一个与鼠主要组织相容性复合体(Histocompatibility-2,H2)结合的抗原肽: GPC3<sub>127-136</sub>,这几个多肽能与细胞毒性 T 淋巴细胞(Cytotoxic T lymphocyte ,CTL)结合发挥抗肿瘤作用<sup>[48-50]</sup>。

但临床上一些病人对 GPC3 多肽疫苗的治疗效果不佳<sup>[51]</sup>,因而该实验团队在此基础上利用脂质体 (Liposome) 作为疫苗佐剂<sup>[52]</sup>,将其与两个不同 GPC3 多肽偶联进行,并加入 CpG 寡核苷酸,构建了 pGPC3(A2)-liposome/CpG 与

pGPC3(B6)-liposome/CpG 疫苗进行小鼠接种,实验结果证明相比传统的不完全 弗氏佐剂疫苗,其用量更低,同时能够更有效的激活 CTL 细胞,在抑制裸鼠 GPC3 阳性肿瘤的的生长方面也具有良好的效果。

#### 表 1 靶向 Glypican-3 的肝癌治疗性抗体研究

Table 1 Study of therapeutic antibodies targeting Glypican-3 in HCC

名称	抗体类型	研究阶段	文献
GC33	IgG,人源化	临床二期(已完成)	[33-36]
YP7	IgG,人源化	临床前	[37]
HN3	VH-hFc,全人源	临床前	[38]
HS20	scFv, 全人源	临床前	[40, 53]
ERY974	GPC3/CD3-bispecific	临床一期	https://clinicaltrials.gov/
	antibody,人源化	NCT02748837	

#### 表 2 临床靶向 Glypican-3 治疗肝癌的 CAR-T 研究

Table2 Clinical study of CAR-T therapy targeting Glypican-3 in HCC

临床标识号	开始时间	研究阶段	联合治疗	研究机构
NCT02395250	2015年3月	临床一期	-	上海仁济医院
		(已终止)		
NCT02723942	2015年6月	临床一期	-	广州复大肿瘤医院
NCT02715362	2016年3月	临床一期	-	上海吉凯基因化学公司
NCT03130712	2017年4月	临床一期	-	上海吉凯基因化学公司
NCT03146234	2017年3月	临床一期	-	上海仁济医院
				上海科济生物医药公司
NCT03084380	2017年6月	临床一期	肝肿瘤经动脉化疗栓塞	重庆新桥医院
			(氟达拉滨、环磷酰胺)	
NCT02905188	2018年1月	临床一期	淋巴细胞删除性化疗(氟	美国贝勒医学院
			达拉滨、环磷酰胺)	

# 4 总结与展望

在肿瘤临床治疗中, 免疫靶向治疗作为一种配合手术、化疗等其他疗法的辅

助手段,越来越受到重视。肿瘤免疫治疗可通过增强机体免疫反应,激发肿瘤特异性免疫,减少肿瘤的复发、转移,甚至治愈肿瘤<sup>[54]</sup>。Glypican-3 蛋白过表达于HCC 表面,还是具有巨大潜力作为靶点免疫治疗 HCC,现已有几种在研的治疗性抗体见和 Glypican-3 的 CAR-T 细胞进入临床试验表 1 和表 2。但有研究报道可溶性 GPC3 能够抑制 HCC 细胞的增殖<sup>[55]</sup>,因而需要进一步研究 Glypican-3 结构和功能的关系,探讨其致癌机制。有关可溶性 Glypican-3 蛋白以及 Glypican-3 多肽疫苗研究表明<sup>[7,56-58]</sup>,Glypican-3 作为早期或预后标志在肝癌辅助治疗中也具有重要意义。

目前,多靶点联合抑制肝癌或针对不同作用机制进行药物开发,如开发双功能抗体或多功能抗体、抗体偶联药物等,以及寻找更特异性的肝癌治疗靶点,联合肝移植、手术切除、化学疗法、放射疗法或介入疗法等其他疗法可能在肝癌治疗中取得更大成功。

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# Advance in Immunotherapy Research of Hepatocellular Carcinoma Targeting Glypican-3

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**Abstract** Researchs shows that Glypican-3 expresses in hepatocellular carcinoma (HCC) patients

with high specificity and is closely related to development of hepatocarcinoma. Including therapeutic antibody, Chimeric Antigen Receptor T-Cell Immunotherapy (CAR-T), immunotoxin and vaccine are the focus of targeting Glypican-3 for immunotherapy in HCC at present. The structure and function of Glypican-3 is reviewed, as well as the progress of immunotherapy based on Glypican-3 in HCC is briefly described.

Key words Glypican-3 HCC immunotherapy antibody CAR-T